Diabetic population in India

2651. SHRI PRAMOD MAHAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) The percentage of urban rural population who were suffering from diabetes; and

(b) the steps being taken by Government to make the masses aware about the disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Studies until early 1970s essentially showed prevalence rates of diabetes less than 3%. A study in 1972 showed a prevalence of 2.7% in urban Delhi and 1.9% in rural areas near Delhi. More recent studies (1990-2001) show a significantly higher prevalence than that above. Studies in southern India report an overall prevalence of diabetes of 5%. An additional 2% suffered from impaired glucose tolerance. Recent trends indicate 8-11.8% prevalence in urban areas.

(b) The treatment of diabetes is done upto the level of PHC/CHC in the health care delivery system in India. Difficult and complicated cases are treated at higher centres e.g. Medical Colleges, District Hospitals etc. The health education is carried out to make the public aware diabetics prevention and treatment.

World Bank aid on drug quality control

2652. SHRI T.T.V. DHINAKARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Bank is aiding any project for food safety and quality control of drugs;

(b) if so, the details of the project; and

(c) the details of implementation of the scheme in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes. Sir.

(b) The primary objectives of the project, are to ensure high standards of quality, safety and efficacy of drugs; enhancing capacity and capability of laboratories in Central and State Sectors for both food and drug; Introduction of Good Manufacturing Practice (GMP) and Hazard Analysis Critical Control Point (HACC) for medium and small sector food processing industries, uniform enforcement capabilities for State Drugs and Food regulatory agencies, training of regulatory staff and industry personnel, consumer education and effective networking through computerization and monitoring, development of a system of continuous surveys of street food and domestic and imported food products, establishment of appropriate infrastructure for new drug approvals to meet global safety, efficacy and rationality standards and strengthened surveillance system for adverse drug events.

(c) The five year project became effective from October, 2003. Works has already been initiated on all the major components of the project *viz.* civil works, procurement of equipments and services, Training, Information, Education and Communication (IEC) and Computerization. A National Pharmacovigilance Programme has already been launched and the Indian Pharmacopoeia Commission set up under the Project.

Marketing of Medicines by its Generic Names

†2653. SHRI DILIP SINGH JUDEV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are considering any proposal to remove the brand names of the drugs and marketing the drugs by their generic names so that the high prevailing prices of the drugs can be bought down;

(b) if so, the problems being faced in this regard;

(c) the maximum percentage difference in the prices of drugs being sold at brand name and in generic form; and

(d) the details of control machanism of permitting the maximum difference in the cost price and selling price of the drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) There is no proposal under consideration to remove the brand names of drugs and

†Original notice of the question was received in Hindi.